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Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

Sheet	1	of	2
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**Complete if Known**

Application Number	10/765437
Filing Date	January 26, 2004
First Named Inventor	Wade Spital
Art Unit	
Examiner Name	
Attorney Docket Number	Spital-MotorBoard

## U. S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner  
Signature**

**Data Considered**

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STATEMENT BY APPLICANT**

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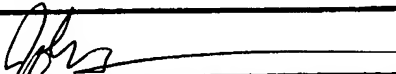
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Sheet 2

of 2

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
JW	D	Segway™ Human Transporter Dynamic Stabilization, Article from www.segway.com	

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